

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 597870

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	3		1			
5	3		1			
6	3		1			
7	①		1			
8	①		1			
9	2		1			
10	2		1			
11	①		1			
12	①		1			
13	①		1			
14	①		1			
15	①		1			
16	①					
17	①		1			
18	①					
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	27	←	20	←		←
TOTAL CLAIMS	28		21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.			←		↓	←
TOTAL CLAIMS						